



Fountain Hills Parks and Recreation Program Registration and Release of Liability

www.fh.az.gov

1 Main Contact _____
Address _____ City, State, Zip _____
Home Phone _____ Alt. Phone _____ Emerg. Phone _____

2

| | Participant's name | Birth Date | Sex | Grade | T-shirt Size | Program Title | Course Number | Fee |
|-------|--------------------|------------|-----|-------|--------------|---------------|---------------|-----|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| Total | | | | | | | | |

3 Signature of Participant _____ Date _____
(or parent/guardian if under 18)
By signing above I understand that no medical insurance is provided for Town of Fountain Hills activities and agree to assume the risk of any injury related to my participation or the participation of my dependants. I agree to make no claims against the Town of Fountain Hills or any of it's officers, employees, or volunteers for any injury or incident arising from this activity, however caused, including liability for negligence. I am physically able (or my dependents are physically able) to participate in this activity. I consent to any medical treatment my dependent needs while involved in this activity and I agree to pay for it. I realize that the Town of Fountain Hills is not responsible for lost or stolen articles.

Mail to: Parks and Recreation Department ATTN: Program Registration
P.O. Box 17958
Fountain Hills, AZ 85269

Deliver to: Fountain Hills Community Center, 13001 N. La Montana Drive

IF YOU REQUIRE SPECIAL ACCOMMODATIONS, PLEASE CALL 480-816-5152 (VOICE) OR 1-800-367-8939

Please make checks payable
to: The Town of Fountain Hills

| For Office Use Only | |
|---------------------|----------------------|
| Date Received | _____ |
| Cash / Check # | _____ |
| Amount | _____ Initials _____ |



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